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# Tax Deposit Refund and Transfer Request

# 3581

For calendar year \_\_\_\_\_ or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Your SSN or ITIN

Your Spouse's SSN or ITIN

Secretary of State (SOS) file number

FEIN

Name(s) as shown on tax return

California corporation number

Address including street, PO Box, suite, room, rural route, or PMB no.

City

State

Zip Code

**Explanation of Requested Action.** Indicate type of tax, tax deposit payment, and date of the payment. Also, make sure to mark the requested action. To transfer all or part of a tax deposit payment to another year, enter amount and taxable year it should be applied to.

Make sure to complete all applicable fields:

- Type of Tax: \_\_\_\_\_ Personal Income Tax \_\_\_\_\_ Corporate Tax \_\_\_\_\_ LLC fee \_\_\_\_\_ LP, LLP, REMIC
- Tax deposit payment \$ \_\_\_\_\_
- Date of payment: \_\_\_\_\_
- What is the requested action? \_\_\_\_\_ Refund \_\_\_\_\_ Transfer to another taxable year \_\_\_\_\_ Convert deficiency administrative action to action on a refund claim.
- Amount to be refunded \$ \_\_\_\_\_
- Amount \$ \_\_\_\_\_ to be transferred to \_\_\_\_\_ taxable year.

**Please  
Sign  
Here**

Signature of individual, owner, officer, or authorized representative and title

Date

If joint return, spouse's signature (it is unlawful to forge a spouse's signature)

Date

## A Purpose

Use form FTB 3581, Tax Deposit Refund and Transfer Request, to request the refund, or the transfer of all or part of a **tax deposit** payment.

In general, you can request the refund, or the transfer of a tax deposit at any time before the Franchise Tax Board applies the deposit amount to satisfy a final tax liability.

If you use this form to transfer a tax deposit to another taxable year before there is a final tax liability for that year, you must file a separate Form 3581 for that year if you wish to convert any pending deficiency protest or appeal to a claim for refund.

## B How to Complete Form FTB 3581

To ensure timely response and proper application of your request, enter all the applicable information requested on the form.

Make sure to enter:

- The four-digit taxable year in the box at the top of the form, and complete the first line as applicable.
- The social security numbers (SSN)/Individual Taxpayer Identification Numbers (ITIN), **or**
- The California corporation number/ Secretary of State (SOS) file number, **and**
- The tax deposit payment, the amount to be refunded, and/or the amount to be transferred to another taxable year.

**Note:** Include the Private Mail Box (PMB) in the address field. Write the acronym "PMB" first, then the box number.

Example: 111 Main Street PMB 123.

## C Where to File

Submit a **separate form** FTB 3581 for each taxable year.

For **individuals**, mail this form to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0040

For **Corporations, LPs, LLPs, REMICs, or LLCs**, mail this form to:

FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540